SHOW/TRAINING RECORDS

725 South Adams Road, Suite 270
Birmingham, MI 48009
Phone 800-432-1215
Fax 248-644-1404

Name of Insured: _____

Name of Horse: _____

Training Record (Include training fees only. Do not include board, vet, farrier or other charges)

Name of Trainer: _____ Type of Training: _____

Number of Days a week in training: _____ Charge Per Month: _____

Show Record

Date of Show	Name of Show	Division	Class	Place in Class

** Attach a separate page if needed*

For Pleasure Horses:

How often is horse ridden? _____ How many lessons are taken a week? _____

Do you jump horse? _____ What type of riding is done? _____

Please provide any additional information that substantiates the insured value you have requested: _____

_____

_____